



# Planning for ASHAs

# Key Programme Components Influencing Sustainability

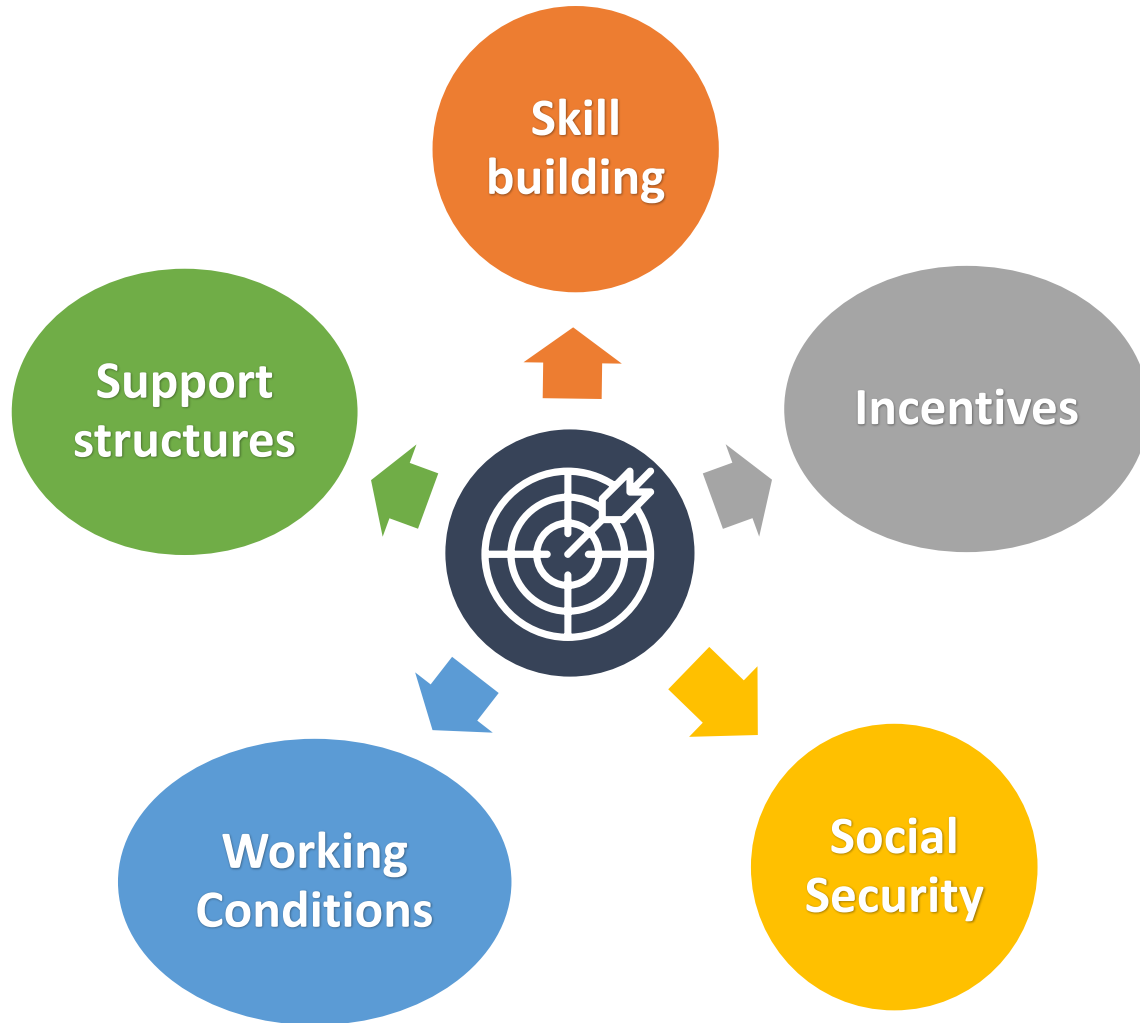
- **Capacity Building Mechanism:** Modular framework for regular training accompanied by active hand-holding and support.
- **Strong support structure:** 4 levels – Cluster, Block, District and State
- **Performance linked Incentives** – Both Monetary and Non Monetary
- **Constant adaptation** – responding to evidence, State context and health needs





**Planning**

## Key Focus areas



## **ASHA's TODAY: a key member of AB-HWC Primary Health care teams:**

- *Essential to prepare the plan to support ASHAs in performing expanded range of tasks effectively*
- *Align the plan for **ASHA training, support and incentives** with the plan for Health and Wellness Centre roll out`*

# Training : What is needed?

- 1. Completion of all four rounds of Module 6 &7 for all ASHAs*
- 2. Training of ASHAs under Health and Wellness Centres –*
  - For Newly planned HWCs in FY 2021-22**
    - Non Communicable Diseases – 5 days +
    - Mental Health – 5 days
    - Palliative and Elderly Care– 6 days
  - For Existing/ operational HWCs -**
    - Mental Health – 5 days
    - Palliative and Elderly Care– 6 days
    - Emergency/ Oral Health / Eye and ENT Care – 5 days
- 3. Training on Home Based Young Child Care – 5 days; prioritize completion in Aspirational districts*
- 4. Refresher training or additional training can be planned as per state specific requirement*

***Important to plan for roll out of training on newer service packages while focusing on completion of existing training***

- Expansion of pool of state and district trainers if required
- Detailed district wise planning for optimal use of resources

***Minimum 50% of the total budget proposed (Excluding incentives and ARC budget) to be proposed for training***

# ASHA's Kits: What is needed?

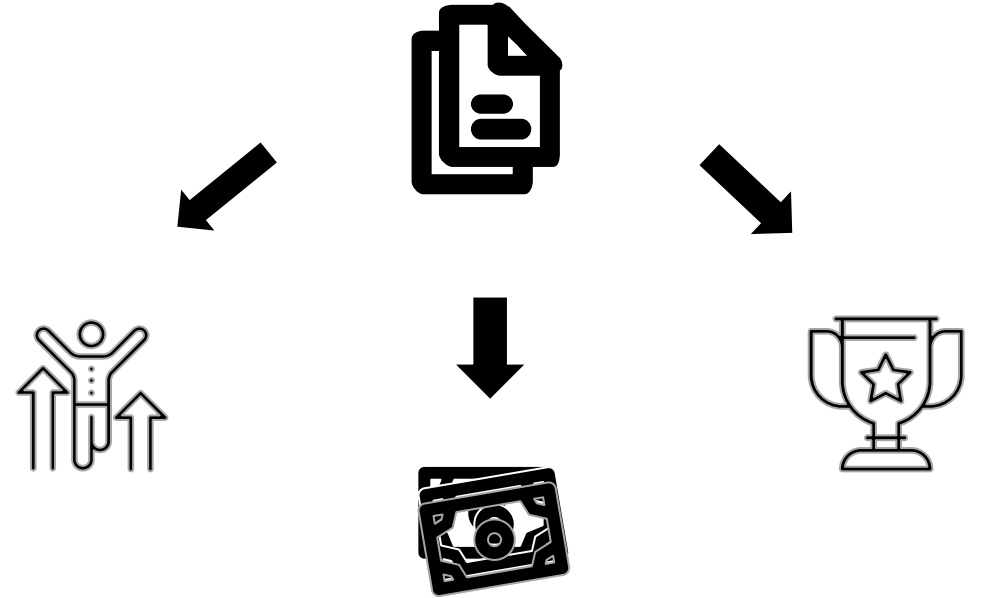
- HBNC-
  - New kits @ 1000
  - Replenishment @ 150-350 – based on requirements/ assessment
- Medicine kit –
  - New kits @ 1000
  - Replenishment through PHC
- HBYC kits –
  - New kits @1000

## Planning for kits:

- **Plan for New kits as per training status of ASHAs –**
  - *Medicine kits as per plan for Induction Training*
  - *HBNC Kits as per Round 1 of Module 6&7*
  - *HBYC kits as per HBYC training*
- Important to plan for timely procurement of new kits to ensure availability during training for quality training
- Replenishment to be based on requirement assessed through ASHA Facilitators / Block nodal officers

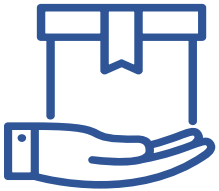
# Incentive planning

- **Monetary Incentives** – to be proposed as per guidelines (Nearly 40 incentives available)
- **Non-monetary incentives**
  - ASHA Sammelan and Awards
  - Uniforms
  - ID cards



*Since ASHAs are honorary volunteers, efforts should be made for provision of awards and organizing ASHA sammelans for social recognition*

# Improving Working Conditions : What is needed?



- **ASHA ghar/ rest room** are essential to ensure safety for ASHAs while accompanying beneficiaries for care seeking



- **Pilots for ASHA help desks** can be proposed to support ASHAs and patients visiting facilities for navigation under innovation Eg- Chhattisgarh model



- **ASHA Career Progression:** Opting for courses like ANM/ GNM/ B.Sc nursing as per the state regulations

## *Planning component:*

- *Prioritize creation of ASHA ghar / rest room at all District hospitals and block level FRUs with high case loads*
- *Planning for ASHAS to enroll in various programs for their career path.*





## Social Security: Current picture

- **Enrollment of eligible ASHAs and AFs in (as part of ASHA Benefit Package)**

- Pradhan Mantri Jeevan Jyoti Beema Yojana **Life Insurance** (only 44% eligible ASHA and 46% eligible AF covered so far)
- Pradhan Mantri Suraksha Beema Yojana **Accident Insurance** (only 53% eligible ASHA and 61% eligible AF covered so far)
- Pradhan Mantri Shram Yogi Maan Dhan - **Pension Scheme** (only 59% eligible ASHA and 50% eligible AF covered so far)

### Planning component:

- **100% Centrally funded schemes** – states to submit requirements in terms of number of eligible ASHAs and AFs
- Plan for provision of **one time cash reward** of Rs. 20,000 for ASHAs who leave the programme after 10 years

# *What is needed for Support Structures?*

- ***Training of Support structures –***
  - ASHA Facilitators – to be trained in all training modules for ASHAs – Preferably to be trained prior to training of ASHAs so that they can support ASHA training
  - Block and District Nodal officers (dedicated and existing staff)–Orientation on all new training packages -4 days training on CPHC
- ***Salary Parity of ASHA Resource Centre staff with Programme management units based on education and experience parameters at all levels -***
  - Block
  - District
  - State

## ***Planning for support structures:***

- *Planning for salary parity at various levels as per the state specific HR policy and requirements*
- *Planning for training as required.*

# Example for planning: Training of ASHAs

	Target	Strategies
<b>Training</b>	<ul style="list-style-type: none"><li>• 100% ASHAs trained in all four rounds of Module 6&amp;7</li><li>• 100% ASHAs posted at existing operational HWCs trained on new service packages</li><li>• 100% ASHAs posted at newly planned HWCs on NCDs</li><li>• 100% ASHAs posted in Aspirational districts trained on HBYC</li></ul>	<ul style="list-style-type: none"><li>• Expanding the pool of state and district trainers</li><li>• Exploring partnerships to support training</li><li>• Procurement of kits and printing of modules for availability during training</li><li>• Training of state and ASHA trainers</li><li>• Training of ASHAs and AFs</li><li>• Monitoring visits to assure training quality</li></ul>



# Community Based Platforms



## ***Village Health, Sanitation, and Nutrition Committees***

- Over 500,000 VHSNCs across the country; GP/Revenue village level
- Key platform for social determinants and convergence at village level
- Experience demonstrates effective VHSNC functioning where ASHA has a convening role- mutually supportive

### ***Challenges –***

- Ad hoc orientation – limitation of training VHSNC members at scale
- Limited functionality of VHSNCs with irregular meetings
- ASHA and AF not yet fully equipped and supported to serve the fulcrum role as envisaged.

## **Mahila Arogya Samiti (MAS)**

- One MAS for every 50 to 100 HHs
- Four MAS in every ASHA's area
- Strong focus on using or aligning with existing community groups - Community structures under NULM (SHGs) and existing women groups etc. can be co – opted

### ***Challenges-***

- Slow pace of constitution and training of MAS.
- Good practices noted from Odisha, Chhattisgarh, Gujarat and Rajasthan – for training and grading of MAS



## *Planning for community based platforms*

- ***Complete reconstitution of VHSNC as per guidelines*** –VHSNC per revenue village level



- ***Untied Funds – Top up to match –***

- 10,000 per VHSNC per year
- 5,000 per MAS per year

- ***Training – to build capacities for planning to address social determinants of health at local level and community based monitoring***



- VHSNC and MAS Members – 2 days (prioritize newly formed committees based on local elections)
- Training on VISHWAS – 2 days (existing trained VHSNCs/ MAS)

# AB-HWC – Bringing Comprehensive Primary Health Care Services closer to the Community

**Total Footfalls  
-28.5 Crore**

**26 Cr  
received medicines**

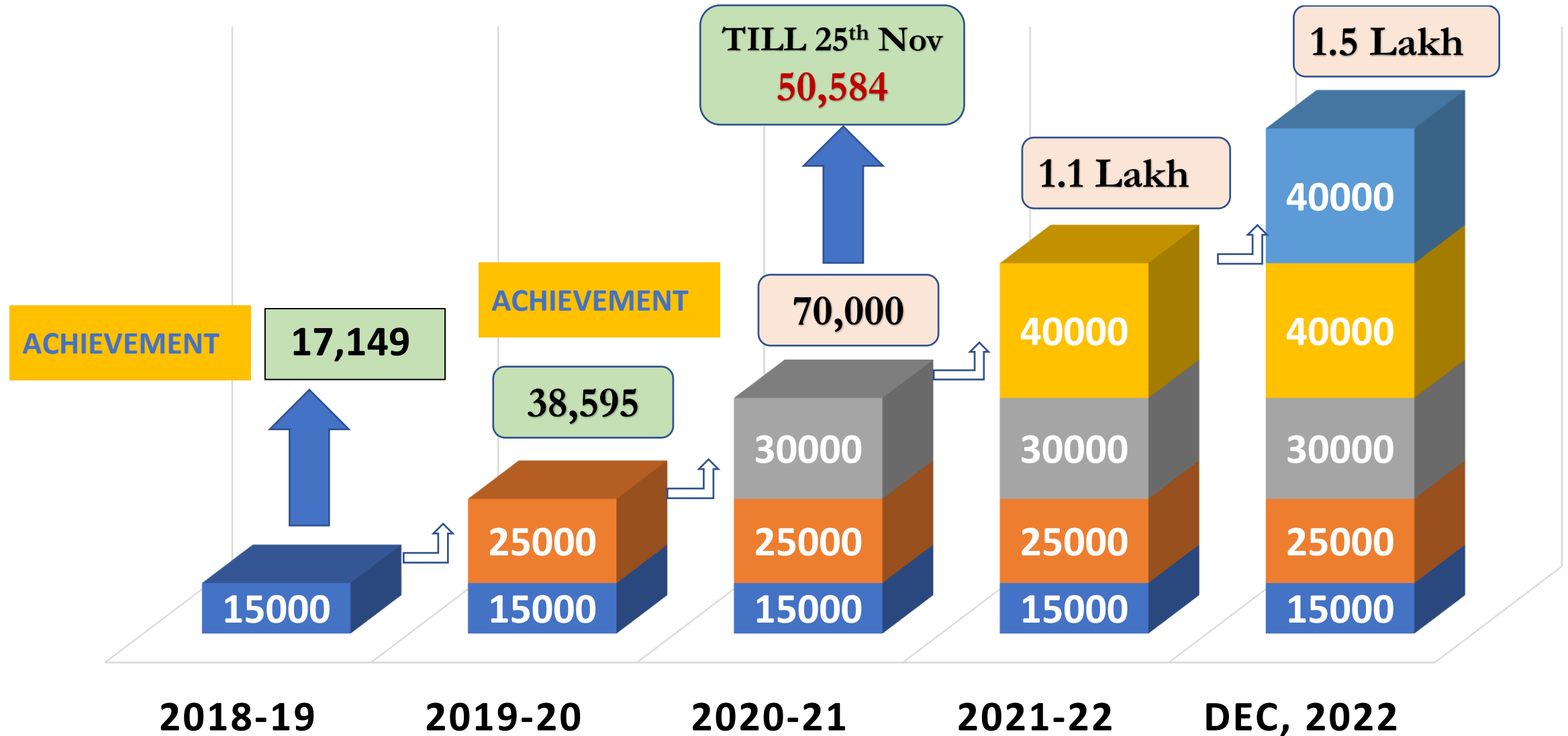


**50,584 HWCs  
operational**

**Around 8.5 Cr  
individuals received  
diagnostic tests**

**28 lakh Wellness  
sessions conducted**

# Roll out Plan of Ayushman Bharat - Health and Wellness Centres





# Functionality Criteria

Approvals made as per State plans

Centres proposed on portal for upgradation as HWCs

**Inputs provided –**  
HR in place + NCD Training + Medicines + Diagnostics+ Infrastructure strengthening / Branding

**Inputs + Service Delivery started –**  
HR in place + NCD Training + Medicines + Diagnostics+ Infrastructure strengthening / Branding+ Screening of NCDs- Hypertension / Diabetes/ /Oral Cancer /Breast Cancer



1,04,862  
HWC Approved

SHC-76,656    PHC-23,454    UPHC-4,752



78,890  
HWC Proposed

SHC-53,370    PHC-21,413    UPHC-4,107



50,584  
HWC Progressive

SHC-28,173    PHC-18,812    UPHC-3,599



50,459  
HWC Operational

SHC-28,104    PHC-18,769    UPHC-3,586

*Key  
Elements  
to Roll out  
CPHC*



# Service Packages

## Services made available at HWC

1. Care in Pregnancy and Child-birth.
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services.
4. Family Planning, Contraceptive Services and other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments

*7. Screening, Prevention, Control and Management of Non-communicable Diseases and Chronic Communicable diseases like Tuberculosis and Leprosy.*

## Services\* being added in incremental manner

8. Basic Oral Health Care
9. Screening and Basic Management of Mental Health Ailments
10. Care for Common Ophthalmic and ENT Problem
11. Elderly and Palliative Health Care Services
12. Emergency Medical Services including Burns and Trauma

*\*Many states in south have started adding above services*

# ***Multiskilling for Expansion of services***

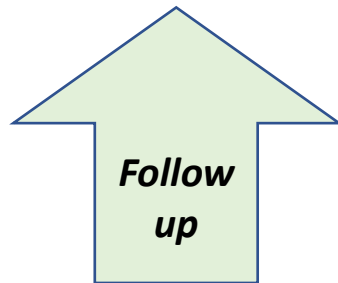
<b>Services</b>	<b>ASHAs</b>	<b>MPWs</b>	<b>CHOs</b>	<b>SNs</b>	<b>MOs</b>
<b>MNS</b>	5	3	3	2	4.5 (1.5 CPHC & 3 MNS)
<b>Palliative&amp; Elderly Care</b>	6	4	4	2	4
<b>Emergency/Oral/Eye/ENT Care</b>	5	4	5 (2 Oral/Eye/ENT & 3 Emergency)	4	6.5 (2.5 Oral/Eye/ENT & 4 Emergency)
<b>Sub-Total No. of days</b>	<b>16</b>	<b>11</b>	<b>12</b>	<b>8</b>	<b>15</b>
<b>Eat Right Toolkit</b>	<b>1.5</b>	<b>1.5</b>	<b>3 (online)</b>		<b>3 (online)</b>
<b>Grand-Total No. of days</b>	<b>17.5</b>	<b>12.5</b>	<b>15</b>	<b>8</b>	<b>18</b>
<b>NCD (rolled out)</b>	<b>5</b>	<b>3+1</b>	<b>3</b>	<b>3+VIA</b>	<b>3+VIA</b>



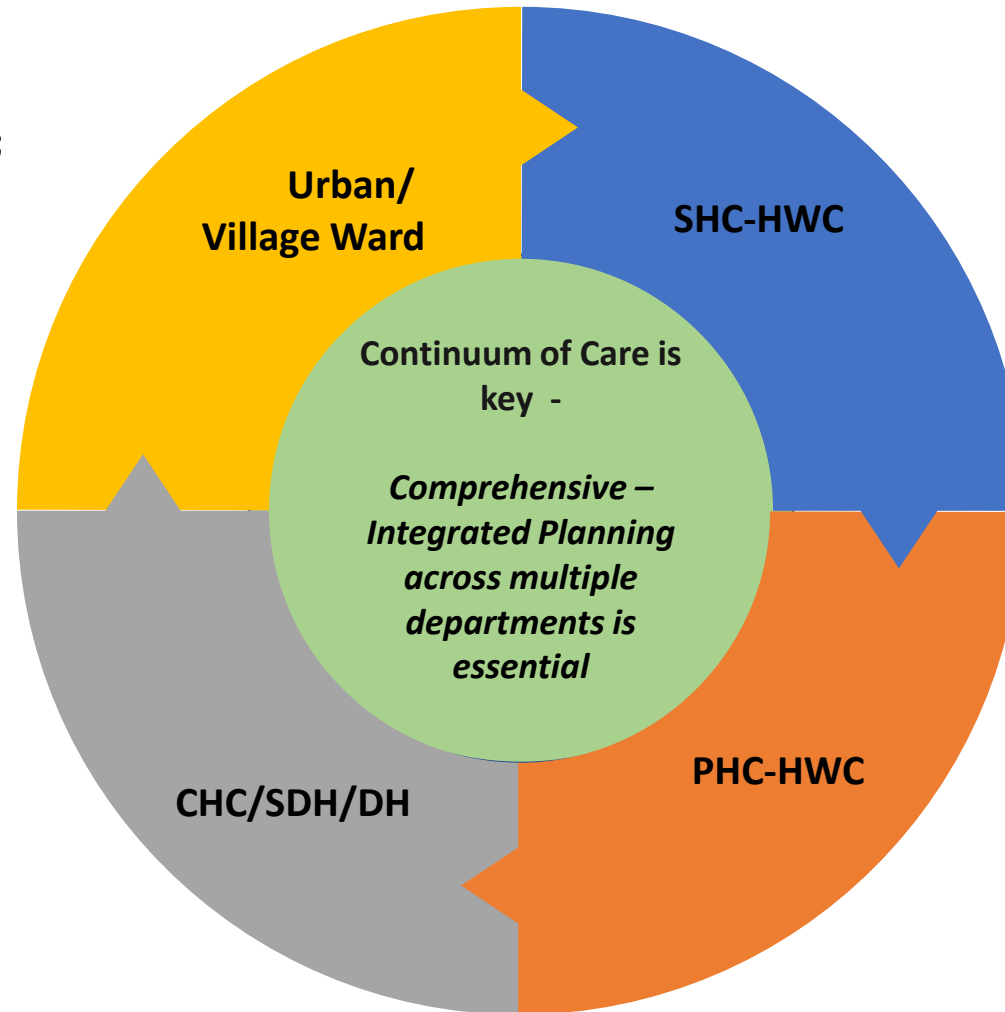
# Planning for Health and Wellness Centres

# Continuum of Care at HWCs

- Community Based Assessment)
- Awareness Checklist (CBACs Generation
- Counselling: Lifestyle changes; treatment compliance
- Home visits and follow up



- Advanced diagnostics
- Complication assessment
- Hospitalization
- Tertiary linkage/PMJAY referral



- First Level Care
- NCD Screening
- Use of Diagnostics
- Medicine Dispensation
- Record keeping
- Tele-health (evolving)
- Referral to PHC for confirmation based on clinical pathways
- Conformation of diagnosis
- Prescription and Treatment Plan
- Gate Keeping role for out patient and inpatient referral
- Teleconsultation with specialists

# Human Resources

- **Community Health officers –**

- Recruitment as per state's target for SHC – HWC
- CPCH training to be planned only for candidates BAMS or Nursing candidates not selected from integrated courses
- Induction training of 15 days to be planned for CHOs – **prioritize newly selected CHOs since Novemeber,2020 onwards**
- **Training to be planned in new service packages – Mental health, Palliative and Elderly care etc**
- **Salary and PLP to be budgeted as per guidelines / state norms**

- **Primary heath care teams –**

- **Ensure availability of HR as per minimum requirements –** plan for recruitment of HR (MBBS MO/ SN/ Lab tec/Pharmacists/ MPW – M and <PW –F)
- **Multiskilling – Training on new service areas**
- Performance Linked Payments

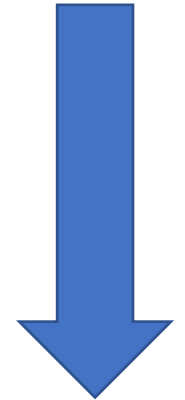
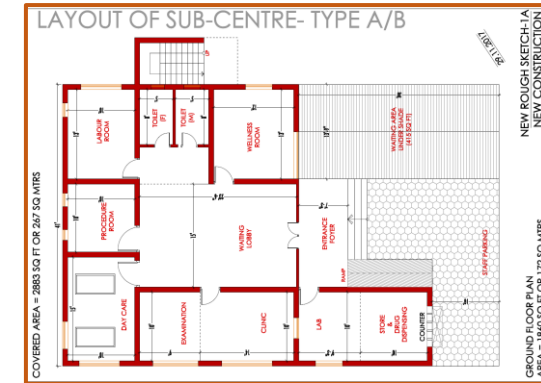


# Infrastructure

- **Upgrading existing SHC / PHC / UPHC as HWCs**
  - Infrastructure strengthening @7 L for SHC, @4 L for PHC and @1 L for UPHC – as pooled budget to be utilized as per local planning and requirement for each facility
  - Infrastructure construction – for facilities requiring major repairs and new construction to be budgeted under NHM Infrastructure pool as per construction cost norms approved/ followed in state.

**Additional resources from MoSE, MoTA, Disability, CSR, MPLAD may be explored**

- **Plan for adequate no. of primary level facilities as per population norms to ensure universal health access (additional Health Centres)**
  - Use of RHS data for estimating adequacy of primary health facilities as per population norms
  - Long-term plan for development of new SHC/ PHC/UPHCs to address gaps and upgradation to HWCs
  - Plan of new facilities to be integrated comprehensively with HR and infrastructure proposals.





# Information Technology

- **IT equipment –**

- **Smart phones for ASHAs and ASHA Facilitators** under HWC
- **Two Tablets for MPWs and CHOs** and **one tablet each for MPW** at collocate SHC of PHC and all MPWs at UPHC–(with specifications to support all apps – CPHC – NCD, ANMOL etc)
- **One Desktop/ laptop - at SHC/ PHC/ UPHCs** for Teleconsultation services

- Recurring cost for IT support

***State to also coordinate with Bharatnet for provision of internet at all HWCs.***

## ***Tele-medicine -***

- Hub –Plan for availability of doctors – MBBS and Specialists and IT equipment / internet connectivity
- Spoke – IT equipment + internet
- Training for Hub and Spoke users on Telemedicine platform- e Sanjeevani

Robust IT  
system



Teleconsultation  
services



# Medicines and Diagnostics

- Integrated plan for –
  - Ensuring availability of medicines as part of free drugs initiative as per expanded EML
  - Expand Diagnostics as part of Free diagnostic initiatives
- Expansion of DVDMS up to SHC- HWC level



Free medicines  
105 @SHC-HWC  
232@PHC-HWC



Free diagnostics  
14 @SHC-HWC  
63 @PHC-HWC

# Wellness and Health Promotion

- Wellness sessions at HWCs-
  - Plan activities as per Annual Health Calendar
  - Yoga sessions at HWCs - @2500 per month per HWC
- Training of primary health care teams on Eat right



# *Mentoring and Monitoring*

- Plan for adoption of HWCs through Medical Colleges – budget available under independent monitoring cost may be utilized
- ***Jan Arogya Samitis –***
  - ❑ Provision of increased untied fund @50,000 per SHC- HWC
  - ❑ Formation of JAS as per guidelines
  - ❑ Training of JAS members – 2 days at PHC level
- ***Plan for partnerships to review (Pilot / Study) the change management required to deliver CPHC and explore innovative models***

Table 1 – SHC			Remarks
	Non-Recurring	Recurring	
One Mid- level Service provider		4,80,000	For contractual MLHP: Rs.25000/- PM and Rs.15000/-PM (37.5% of total) as performance incentive. For regular candidates selected as MLHP, the incentive amount will be the difference between existing salary and Rs. 40,000
Team based incentives		1,00,000	Rs. 75,000 as per team-based guidelines and Rs. 25,000 for additional packages
ASHA incentives		60,000	Rs. 1000 pm (ceiling amount) ASHA for delivery of new range of services to be paid as per guidelines
Training			
Certificate Course/ Training on the Standard Treatment Protocol	1,03,400		IGNOU – Additional budget for infrastructure / faculty strengthening @ 2.5 L
Refresher training of CHO		10,000	
Multi-skilling of MPW (F&M) and ASHAs		20,000	
IEC		25,000	Rs.5 per capita
Cost of tablet; software for center and MPW (F&M)	70,000	5,000	Two tablets and one laptop for teleconsultation
Lab	1,00,000	30,000	
Infrastructure Strengthening	7,00,000		
Sub-Total	9,73,400	7,30,000	
Total	17,03,400		
Independent monitoring costs	51,102		
<b>Grand Total</b>	<b>17,54,502</b>		

Table 2 – PHC			Remarks
	Non-Recurring	Recurring	
Training			
Medical officers (two)		20,000	10,000 per MO
Staff nurses (two)		15,000	7500 per SN
Multi-skilling of MPW (M&F) and ASHAs		20,000	ASHAs and MPWs at collocated SHC
ASHA incentives		60,000	1000 pm per ASHA for additional range of services (linked with activities) at collocated SHC
Team based incentive		2,00,000	1 Lakh for PHC team and 1 Lakh for collocated SHC team
IEC		50,000	
IT support	60,000	5,000	One laptop for PHC MO and one tablet for collocated SHC
Lab	1,00,000	30,000	
Infrastructure Strengthening of PHC to HWC	4,00,000		
Sub-Total	5,60,000	4,00,000	
Independent Monitoring Cost		28,800	
<b>Total</b>		<b>9,88,000</b>	

Table 3- UPHC	Non Recurring	Recurring	Remarks
Training			
Medical officers (two)		20,000	10,000 per MO
Staff nurses (two)		15,000	7500 per SN
Multi-skilling of MPWs (F) - 5		25,000	5000 per MPW (F)
Multiskilling of ASHAs - 25		75,000	3000 per ASHA
Team Based Incentives		6,00,000	Assuming 50% population would need services of UPHC. @ Rs. 1 L per 5000 population for Frontline worker team and Rs. 1 Lakh for UPHC team
ASHA incentives		3,00,000	1000 pm per ASHA for additional range of services (linked with activities)
IEC		1,00,000	
IT support	1,00,000	10,000	One laptop for UPHC MO and five tablets for MPW (F)
Lab	1,00,000	50,000	
Infrastructure Strengthening of PHC to HWC	1,00,000		For wellness room
Sub-Total	3,00,000	11,95,000	
Independent monitoring costs		44,850	
<b>Total</b>		<b>15,39,850</b>	

## *Common errors and suggestive solutions*

<b>Common Errors</b>	<b>Solutions</b>
- Duplication in proposal for IT equipment across different initiatives – CPHC – NCD / ANMOL/ Telemedicine	- Integrated planning across departments – RCH/ NCD/ IT/ CPHC nodal teams
- Duplication in Training proposals– Eg- ASHA training on NCDs proposed under HWC/ ASHA prog/ NCD	- Comprehensive planning for training for optimal use of resources and time by CPHC/ NCD/ ASHA nodal teams
- Infrastructure- lack of clarity for infrastructure strengthening and new construction	- Budget provision available as pooled resource for strengthening of infrastructure under HWC - Centres requiring new construction can be proposed under infrastructure pool as per norms
- Duplication in proposals for IEC and printing between ASHA/ NCD and HWC pools	- Integrated planning across departments – RCH/ NCD/ IT/ CPHC nodal teams
- Separate plans prepared for hub and spoke diagnostic model –at HWCs and at secondary levels	-State to develop a comprehensive Hub and spoke model inclusive of HWC and non HWC centres + secondary level facilities
<b>-Plan for expansion of services at Primary care level but limited investment at secondary level facilities</b>	<b>- Plan to include expansion of services at primary level and strengthening of secondary level facilities to ensure continuum of care</b>





## *Changes in PIP Budget sheet*

- Revised PIP sheet includes limited FMR codes as per key focus areas for improved flexibility
- Detailed budget proposals earlier included as multiple FMR codes are now included as Annexures

# *Incentives*

	<b>Incentives</b>
<b>1</b>	<b>RMNCHA</b>
1a	Incentive for MCH Services
1b	Incentive for FP Services
1c	Incentive for AH/ RKSK Services
1d	Other
<b>2</b>	<b>Incentive for DCPs</b>
2a	NVBDCP
2b	NLEP
2c	NTEP
2d	Other incentives
<b>3</b>	<b>Incentive for NCDs</b>
<b>4</b>	<b>ASHA incentives for routine activities</b>
5	Any other ASHA incentives (please specify)

# *Training*

<b>6</b>	<b>Training</b>
6a	Training of ASHA
6b	Training of ASHA facilitator
6c	ARC training
6d	Any other (please specify)

# *Procurement*

<b>8</b>	<b>Procurement</b>
8a	ASHA Medicine Kits
8b	ASHA HBNC kits
8c	ASHA HBYC Kits

# *Supportive Mechanisms*

<b>7</b>	<b>Support Mechanisms</b>
7a	Supportive provisions (uniform/ awards etc)
7b	ASHA Ghar
7c	Smart phones for ASHA and AF
7d	Others
<b>9</b>	<b>ARC</b>
9a	Supervision costs by ASHA facilitators(12 months)
9b	Salary of ARC (state/ district/ block) - link with prog mgt
9c	Support mechanism for ARC - mobility / internet charges etc
<b>10</b>	<b>IEC/BCC activities under ASHA</b>
<b>11</b>	<b>Printing activities under ASHA</b>
<b>12</b>	<b>ASHA Benefit package</b>

# *Community Based Platforms*

<b>1</b>	<b>Community Action for Health (Visioning workshops at state, dist., block level, Training of VHSNC, Training of RKS)</b>
<b>2</b>	<b>Community based platforms</b>
2a	Training for VHSNC/ VISHWAS
2b	Training for Jan arogya Samiti at HWC
2c	Trainng for RKS - CHC/ DH
2d	Others
<b>3</b>	<b>PRI Sensitization/Trainings</b>
<b>4</b>	<b>Any other (please specify)</b>

# CPHC

	<b>Ayushman Bharat- H&amp;WC Grand Total</b>
<b>1</b>	<b>Infrastructure</b>
1a	Infrastructure strengthening of SC to H&WC
1b	Infrastructure strengthening of PHC to H&WC
<b>2</b>	<b>Lab strengthening</b>
2a	Non recurring
2b	Recurring
<b>3</b>	<b>ICT</b>
3a	Equipment
3b	Internet connection
<b>4</b>	<b>Human Resources</b>
4a	CHO salary- linked with HR
4b	CHO PLP- linked with HR
4c	TBI- linked with HR

<b>5</b>	<b>Training</b>
5a	CPCH Training
5b	Training at SHC - HWC
5c	Training at PHC - HWC
5d	Any other (please specify)
<b>6</b>	<b>IEC activities for Ayushman Bharat Health &amp; Wellness centre (H&amp;WC)</b>
<b>7</b>	<b>Printing</b>
<b>8</b>	<b>Telemedicine/ teleconsultation facility under Ayushman Bharat H&amp;WC</b>
<b>9</b>	<b>Independent monitoring - linked with prog mgt</b>
<b>10</b>	<b>Programme management units –linked with prog mgt</b>
<b>11</b>	<b>Other</b>



**THANK  
YOU!**